

CITY OF LAHARPE

FACILITY RENTAL AGREEMENT

Date _____

Name _____

Phone _____

Name of Renter or Sponsoring Entity

Address _____ City _____ State _____ Zip Code _____

Date and Time of Event _____ Purpose of Event _____

The Renter/Sponsor is responsible for opening and closing the facility during the stated event times. The Renter/Sponsor is responsible for making sure that the facility has been cleaned, all lights are turned off, and all doors are locked and secure before vacating the facility after the event.

Facility keys shall be checked out from the City Clerk's office. **The key must be returned to City Hall within 2 business days after the Event. A Lost Key Charge of \$150.00 will be assessed for any key that is not timely returned.**

All deposits will be refunded or accounted for within 5 business days after the return of the key and after the facility has been inspected for cleanliness and damages. City personnel will inspect the facility after each event. If the inspection reveals any failure to clean, damage to the facility, or damaged or missing equipment the Renter/Sponsor will be charged for the cleaning, repairs, or replacement costs.

The facility shall be used for the stated event purposes only. The Renter/Sponsor is responsible for the conduct, activities, and actions of those attending the event. Conduct, activities, or actions of participants at an event deemed inappropriate by the City Council may result in a refusal to rent the facility to the Renter/Sponsor again. **Renter/Sponsor hereby releases the City of La Harpe from any claim arising out of Renter/Sponsor's use of the facility.**

I, the undersigned, on behalf of myself / Sponsoring Entity, have read, understand, and will abide by the policies outlined in this Agreement and all other policies concerning the use of City facilities.

Renter/Sponsor Signature _____ Date _____

Effective 4/10/2019

FOR OFFICE USE ONLY

Charges:	Rental Fee	\$ 50.00			
	Clean Up Deposit	\$ 50.00			
	Key Deposit	\$ 25.00			
	Total	\$ 125.00	Paid by Check _____	Cash _____	Date _____

Key return _____ Trash emptied _____ Floors Mopped _____ Kitchen in Order _____

Refrigerator Cleaned Out _____ Tables & Chairs Put Away _____ (fill in Y/N)

Clean-up & Key Deposit returned _____ Date Returned _____ Deposit Returned By _____

Deposit Amount Returned \$ _____ Check # _____ Amount Withheld for Cleaning

\$ _____

Amount Withheld for Damages \$ _____